PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)		
FY 2009			0470 - 060781		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/572,239			Filed 3/1/2007		
For "Method and Composition for Preventing Multiple Organ Dysfunction Syndrome"					
Art Unit 1654			Examiner Ronald T. Niebauer		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		<u>Fee</u>	Small Entity Fee		
	One month (37 CFR 1.17(a)(1))	\$130	\$65		
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$	
\checkmark	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	<u>\$ 1,110</u>	
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
Applicant claims small entity status. See 37 CFR 1.27.					
A check in the amount of the fee is enclosed.					
Payment by credit card.					
The Director has already been authorized to charge fees in this application to a Deposit Account.					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-0650					
WARNING: Information on this form may become public. Credit card information should not be included on this form.					
Provide credit card information and authorization on PTO-2038.					
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
	attorney or agent of record. Re	egistration Number	22,132		
attorney or agent under 37 CFR 1.34. Regustration number if acting under 37 CFR 1.34					
Wish It Tursdon			October 29, 2008		
Signature				Date	
William H. Logsdon			412-471-8815		
Typed or printed name			Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
▼ Total		e submitted.			